Welcome to The PRACTICE at the University of Nevada, Las Vegas (UNLV). The PRACTICE is a community mental health clinic sponsored by the University’s Colleges of Education and Liberal Arts. UNLV faculty experts in clinical and school psychology and counseling train and supervise advanced graduate students in high quality mental and behavioral health care. We appreciate your giving us the opportunity to be of help to you. Please take a few minutes to read this document and our Notice of Privacy Practices. If you have any questions, please ask a staff member or your counselor/therapist.

Services: The PRACTICE provides individual counseling/psychotherapy and psychological assessment services for the local community. This document provides information regarding counseling/psychotherapy services. Information regarding psychological assessment services is contained in a separate document.

We are committed to providing the best care possible, based on the most up to date research and knowledge available. It is the responsibility of the PRACTICE to make recommendations that are in your best interest. If our services are not appropriate for your presenting concern, we may refer you to another community agency. The PRACTICE does not refuse services to any individual on the basis of: race/ethnicity, gender, age, physical or mental disability unlikely to affect the therapeutic process; an unfavorable discharge from military service; veteran, marital, or parental status; source of income; religious/spiritual beliefs or practices, or sexual orientation.

Staff: When you receive services at The PRACTICE you are being served by a team. Your assigned counselor/therapist will be a graduate student working on his/her Doctoral or Master’s degrees in counseling, educational psychology, or clinical psychology at UNLV. He or she will be supervised by a professional, experienced member of the faculty licensed or credentialed in their respective field. The supervisor oversees both your counselor/therapist’s learning and your care or treatment plan. The supervisor also ensures that legal, ethical and professional standards are maintained. Supervisors meet with your assigned counselor/therapist at least weekly. Supervisors may also join your assigned counselor/therapist in meetings with you.

Risks/Benefits: Counseling/psychotherapy has been demonstrated to help many individuals with benefits that include improvement or resolution of the specific concerns that brought you to counseling/psychotherapy. These benefits include a better understanding of yourself, enhanced coping skills, and improved interpersonal and daily functioning. Achieving these benefits requires an open and honest relationship with your counselor/therapist and a sincere effort to follow through with your treatment plan in order to reach your identified goals. For example, you may be asked to practice a new skill outside of your counseling/therapy session, or to complete a homework assignment such as writing in a journal or reading a book or article to deepen your learning.

The primary risk of counseling/psychotherapy is that the process may involve discussing problems or life events that bring about emotional discomfort. Although this discomfort is usually temporary, it should be brought to the attention of your counselor/therapist. If counseling/psychotherapy does not result in the change you hoped for, we recommend that you discuss this with your counselor/therapist so that we can help you decide whether to discontinue counseling/psychotherapy, try different treatment techniques, or seek alternative help.

Audio/Video Tapes: The PRACTICE is a training facility. In order to ensure the highest quality of services and to comply with professional training standards, all sessions will be video or audio recorded. These recordings are
used for supervisory purposes and are kept strictly confidential. Audio/video recordings of
counseling/psychotherapy interviews may also be used for educational purposes, with the identity of the clients
concealed. Recordings are not considered part of your clinical record and are permanently erased no later than
the end of each semester. Consent for recording all counseling/psychotherapy and testing/assessment sessions is
a condition of receiving services at the PRACTICE. Should you decline to have your sessions recorded, you will not
be able to receive services at the PRACTICE and an appropriate community referral will be made.

(If a student or faculty member wishes to keep a recording for longer than one semester, they will need to
request your written permission. You are not required to consent in this situation in order to continue receiving
services.)

**Fees:** The fee for your initial therapy intake appointment is $20.00. The fee for counseling/therapy sessions is
set on a sliding scale based on gross household income. Every attempt will be made to set a fee that is affordable
for you. Fees are payable prior to the start of each session. The PRACTICE takes payment in the form of cash or
checks and credit card/ATM. Insurance is not accepted. Please refer to the “Financial Information Form and
Contract” for additional information regarding therapy fees and our cancellation policy.

**Miscellaneous Fees:** Fees are charged for printing/copying records. Currently the standard fee is $.60/page.
Charges for other professional/case-management services including but not limited to letter writing, telephone
conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have
authorized, and preparation of record or treatment summaries will be based on your hourly session rate charged
in 15 minute increments.

**Appointments/Messages:** Appointments, cancellations and changes in scheduled appointments, or other
messages, can be made by calling the PRACTICE main line at (702) 895-1532. If no one is available, please leave a
message and someone will return your call as soon as possible. The PRACTICE staff expects clients to keep all
scheduled appointments. An appointment is a commitment to doing the work required of you in
counseling/psychotherapy. However, if unforeseen circumstances cause you to be unavailable for your scheduled
appointment, please call at least 24 hours in advance. A finance fee will be applied for failing to cancel a session
within 24 hours of your appointment. If you miss two consecutively scheduled appointments, at the discretion of
your counselor/therapist, you may be referred to a community agency for your continued mental health needs.

We value your time. Appointments are reserved for you and typically last 50 minutes. They begin and end on
time. If you are more than 10 minutes late for an appointment, your counselor/therapist may no longer be able to
see you that day and you may need to re-schedule. If your counselor/therapist is still available to meet with you
even though you are late, you will only be able to meet for the remainder of the scheduled session, no additional
time will be given to make up for the time you were late. If your counselor/therapist is late, he or she will make up
the time and you will receive the full amount of time of your scheduled session.

**Communication:** The PRACTICE may contact you (by phone, voicemail, or letter) as needed at the listed
telephone number and address to follow up on care or provide a reminder of an appointment. If you have
concerns or questions regarding communication, please ask to speak with a staff member. Additionally, we
encourage you to review the PRACTICE’s policy on social media to understand how communication/information
will be treated through the internet, or any other electronic device, including cellular phones.

**Confidentiality/Privacy of Information:** Because this is a training facility each counselors/therapist will consult
with his or her clinical supervisor regarding your ongoing care and treatment. Additionally, please read the
“Notice of Privacy Practices” regarding how information about you may be used and disclosed.

Page 2 of 4
Research: The PRACTICE supports behavioral, cognitive, and mental health research by UNLV faculty and graduate students. We routinely collect and analyze data to help improve the quality of our services or contribute to the research mission of the university. In addition, UNLV faculty and graduate students might contact you to discuss participation in a specific research study. Your chart may be reviewed by The PRACTICE’s research clinician to determine your eligibility for particular studies. You will have the opportunity to choose whether or not you would like to participate in such a study. Your choice to participate in the study will not affect any services you receive at the clinic. Any reporting of research results will not include information that could identify you.

Clients Under the Age of 18: To work with a client under the age of 18, the PRACTICE must have the signature of a parent or legal guardian (appointed by a court of law) on this consent form before any general treatment may begin. The consent is effective until the student reaches legal age (18 years old) in the state of Nevada. The law usually allows parents to examine their child’s treatment records. The only exception is when the counselor/therapist judges that such access is likely to injure the child or unless parent/s and the counselor/therapist agree otherwise. With respect to the latter, in order to build an effective therapeutic working relationship, children and adolescents need to trust that the therapist will not tell others about the specific things they say in therapy. In other words they need to be assured that their meetings are private. Therefore, we ask that parents grant their children the same confidentiality they would hold as adults.

Your child’s counselor/therapist will talk with you about how your child is doing and provide recommendations to help your child. Or he/she may talk about things he/she and your child decide you need to know about. Sometimes the counselor/therapist will meet with you alone, your child alone, or you and your child together. Be assured that your child’s counselor/therapist will inform others if they suspect that a child is in danger of seriously hurting him/herself or someone else. They will also inform others if the child is in danger of being hurt by anyone.

Emergency Information: The PRACTICE does not offer after-hour evening or weekend on-call or crisis services. Should an emergency situation occur the following resources are provided for your information:

- **Call 9-1-1 or go to the nearest emergency room for an emergency**
- **For psychological concerns:** Call the Southern Nevada Adult Mental Health Services @ 486-6000 (M-F 8-5 pm, no insurance necessary) or Southern Nevada Child and Adolescent Services @ 486-6120 (M-F 8-5 pm, no insurance necessary) or Montevista Hospital @ 364-1111 (24 hrs) or Spring Mountain Treatment Center @ 873-2400 (24 hrs)
- **National Suicide Prevention Lifeline:** 1-800-273-8255
- **Nevada Suicide Prevention Hotline:** 1-877-885-4673

Termination: Please inform your counselor/therapist if you are planning to discontinue treatment for any reason. The final session is an important part of the counseling/psychotherapy process and should be discussed in advance, just as any mutually agreed upon decision.

Our clinic has a waiting list. Missing appointments without calling in advance to cancel or without communicating with your counselor/therapist may result in your case being closed. You will be notified by mail if this happens. If you return to the clinic after your case has been closed, you will be returned to the waitlist and may need to repeat the intake process.

Compliments or Complaints: We welcome and appreciate your feedback to assist us in providing the highest quality of care. If you have compliments, comments, or complaints regarding your care at the PRACTICE, please ask to speak with the Director.
The PRACTICE Consent Signature Page

If you do not sign this form we cannot provide counseling/psychotherapy services to you.

I have read, or have had read to me, the information and expectations outlined in

1) The Information & Services – Counseling/Therapy (3-page document)
2) The NEVADA Notice of Psychologists’ Policies and Practices to Protect the Privacy of Your Health Information (3-page document)

I have discussed the points I did not understand, and have had my questions, if any, fully answered.

I agree to act according to the information and expectations and terms covered in these 2 documents. I agree to enter into counseling/therapy with the assigned counselor/therapist (or have the client enter into counseling/therapy), and to cooperate fully and to the best of my ability, as shown by my signature below.

Client’s Name: ___________________________________  (please print)

Responsible Party: ___________________________________  Relationship to Client: __________________________

________________________________________  __________
Responsible Party’s Signature  Date